PTO/SB/83 (09-04)

REQUEST FOR WITHDRAWAL **AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS**

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/628,282
	Filing Date	July 25, 2003
	First Named Inventor	Shapiro, Michael F.
	Art Unit	2131
	Examiner Name	Unknown
	Attorney Docket Number	089477.00002

To: Commissioner fo P.O. Box 1450 Alexandria, VA 2										
Please withdraw me as attorney or agent for the above identified patent application, and										
all the attorneys/agents of record.										
the attorneys/agents (with registration numbers) listed on the attached paper(s), or										
the attorneys/agents associated with Customer Number										
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.										
The reasons for this request are: Applicant has not paid the outstanding balance owed this firm despite numerous requests. The account had to be turned over to a collection agency. Applicant has been provided with copies of all correspondence relating to this application.										
CORRESPONDENCE ADDRESS										
The correspondence address is NOT affected by this withdrawal. Change the correspondence address and direct all future correspondence to:										
The address associated with Customer Number:										
OR										
Firm or Individual Name	Michael F. Shapiro, Secure Biometric C	orporation	ו							
Address										
100 South Ashley Drive, Suite 870										
City	Татра	State	Florida	da Zip 337602-5309				337602-5309		
Country	U.9.A.					•				
Telephone	111			F	-ax			-		
Signature	11100									
Name Stefan V. Stein			Registration No.). 29	29,702				
Date 3/1/05			Telephone No.			813-227-8500				
NOTE: Withdrawal is effective we date of a time period for respons	hen approved rather than when received. Unle e or possible extension period, the request to	ess there a	e at least . normally o	30 days bet	ween app	roval of	withdr	awal and the expiration		

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.